

BOROUGH OF BANGOR

197 Pennsylvania Avenue, Bangor, PA 18013
Phone: 610-588-2216 ● Fax: 610-588-6468
http://bangorborough.org

STREET EXCAVATION PERMIT

APPLICANT:			
ADDRESS:			
TELEPHONE:		EMAIL:	
NAME OF CONTRACTOR (IF E *MUST BE LICENSED AND PR		PPLICANT): IABILITY INSURANCE	
ADDRESS:			
TELEPHONE:			
SIZE OF EXCAVATION:	FT. X	FT.	
NUMBER OF SQUARE FEET	(FIRST 200)	X \$7.00	
	(OVER 200)		
	TOTAL:	FT. X \$7.00 =T	O BE BILLED
LOCATION OF WORK:			
*SKETCH MUST BE ATTACHE	D		
	or, PA and with all F	agrees to comply with all Ordi Rules and Regulations which are cation.	_
APPLICANT'S SIGNATURE		DATE	
ZONING OFFICER APPROVAL		DATE	
INSPECTION	TOTAL HOURS _	X \$70.00 = \$	TO BE BILLED
BILLING INFORMATION			
SQUARE FOOTAGE FEE \$			
INSPECTION FEE \$			
TOTAL FFF DUF \$			